

Practitioner's Docket No. MPI97-035CP1M

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Acton, Susan L., et al.
Application No.: 09/163,648 Group No.: 1654
Filed: September 30, 1998 Examiner: Gupta, Anish
For: ANGIOTENSIN CONVERTING ENZYME HOMOLOG AND THERAPEUTIC
AND DIAGNOSTIC USES THEREFOR

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES
(37 C.F.R. SECTION 1.191)

Applicant hereby appeals to the Board from the decision of the Primary Examiner, mailed December 14, 2004, finally rejecting claims: 2-16 and 45-59.

The item(s) checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

- ☒ other than a small entity.
☐ a small entity.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

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☐ deposited with the United States Postal Service in an envelope addressed to the Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

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Signature

Date: February 7, 2005

Kerri Pollard Schray
(type or print name of person certifying)

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(Page 1 of 3)

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A statement:

- ☐ is attached.
☐ was already filed on _____.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. Section 41.20(b)(1), the fee for filing the Appeal Brief is:

- ☐ small entity \$250.00
☒ other than a small entity \$500.00

Notice of Appeal fee due \$500.00

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. Section 1.136 apply.

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. Section 1.136 (fees: 37 C.F.R. Section 1.17(a)(1)-(4)) for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input checked="" type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$ 225.00
<input type="checkbox"/> three months	\$1,020.00	\$ 510.00
<input type="checkbox"/> four months	\$1,590.00	\$ 795.00
<input type="checkbox"/> five months	\$2,160.00	\$1,080.00

Fee \$120.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- (a) ☐ An extension for _____ months has already been secured, and the fee paid therefor of
\$0.00 is deducted from the total fee due for the total months of extension
now requested.

Extension fee due with this \$0.00
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or

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

or

- (c) ☒ Applicant is requesting an extension of time concurrently herewith.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$500.00
Extension fee (if any) \$0.00

TOTAL FEE DUE \$500.00

5. FEE PAYMENT

- ☐ Attached is a check in the sum of \$ _____ .
☒ Charge Account No. 501668 the sum of \$500.00 .
A duplicate of this transmittal is attached.

6. FEE DEFICIENCY

- ☒ If any additional extension and/or fee is required, this is a request therefor and to charge Account No. 501668 .

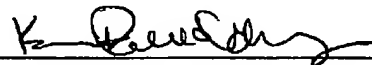
AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 501668 .

February 7, 2005

MILLENNIUM PHARMACEUTICALS, INC.

By



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Cambridge, MA 02139
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Facsimile - (617) 551-8820

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